| Fill in this information to identify your case: | | |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF OHIO | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

02/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Tanisha First name T | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Sneed Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4087 | |

Official Form 101

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EIN | EIN |
| 5. | Where you live | 583 Southampton Court | If Debtor 2 lives at a different address: |
| | | Copley, OH 44321 | N. J. O. J. |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Summit County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Page 2 of 72

| Deb | tor 1 Tanisha T Sneed | | | | Case number (if known) |
|-----|---|------------------------|-----------------|---|---|
| | | | | | |
| ar | Report About Any Bu | sinesses | You Own | as a Sole Propriet | or |
| 2. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | and location of busi | ness |
| | A sole proprietorship is a | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, State | e & ZIP Code |
| | it to this petition. | | Check | the appropriate box | k to describe your business: |
| | | | | Health Care Busin | ess (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broker | r (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | s. If you in | dicate that you are a ow statement, and fe | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am r | ot filing under Chap | ter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | | | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11. |
| | | ☐ Yes. | | | I1, I am a small business debtor according to the definition in the Bankruptcy Code, and Subchapter V of Chapter 11. |
| ar | t 4: Report if You Own or | Have Any | / Hazardo | us Property or Any | Property That Needs Immediate Attention |
| 4. | Do you own or have any property that poses or is alleged to pose a threat of imminent and | ■ No. | What is | the hazard? | |
| | identifiable hazard to public health or safety? Or do you own any | | | | |
| | property that needs immediate attention? | | | iate attention is why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | |
| | | | | | Number, Street, City, State & Zip Code |
| | | | | | |
| | | | | | |

Debtor 1 Tanisha T Sneed Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

П

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

| Deb | otor 1 Tanisha T Sneed | | | Case number | er (if known) |
|-----|--|---|---|---|---|
| Par | t 6: Answer These Questi | ons for Rep | orting Purposes | | |
| 16. | What kind of debts do you have? | | | onsumer debts? Consumer debts are defional, family, or household purpose." | ned in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | | | siness debts? Business debts are debts stment or through the operation of the bus | |
| | | | No. Go to line 16c. | | |
| | | | Yes. Go to line 17. | | |
| | | 16c. S | tate the type of debts you ov | we that are not consumer debts or busines | ss debts |
| 17. | Are you filing under Chapter 7? | □ No. I | am not filing under Chapter | 7. Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and | | | Oo you estimate that after any exempt propailable to distribute to unsecured creditors' | erty is excluded and administrative expenses? |
| | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | ■ No]Yes | | |
| 18. | How many Creditors do you estimate that you owe? | ☐ 1-49 ■ 50-99 ☐ 100-199 ☐ 200-999 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 |
| 19. | How much do you estimate your assets to be worth? | | | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | \$100,00 | ,000 - \$100,000 1 - \$500,000 1 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Par | t 7: Sign Below | | | | |
| For | you | I have exam | nined this petition, and I dec | lare under penalty of perjury that the inforr | nation provided is true and correct. |
| | | | | , I am aware that I may proceed, if eligible, elief available under each chapter, and I ch | |
| | | | | not pay or agree to pay someone who is not pay or agree to pay someone who is not pay or agree to pay of pays of pays of pays or pays of pays | at an attorney to help me fill out this |
| | | I request re | lief in accordance with the c | hapter of title 11, United States Code, spe | cified in this petition. |
| | | bankruptcy and 3571. | | concealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Tanisha T Signature o | Sneed | Signature of Debto | r 2 |
| | | Executed o | March 23, 2020 MM / DD / YYYY | Executed on MM | / DD / YYYY |

Official Form 101

| Debtor 1 | Tanisha T Sneed | Case number (if known) | |
|----------|-----------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Edward S Lake | Date | March 23, 2020 |
|--|---------------|-------------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Edward S Lake | | |
| Printed name | | |
| Lake Legal Services, LLC | | |
| Firm name | | |
| 4450 Belden Village Street NW | | |
| Suite 804 | | |
| Canton, OH 44718 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (330) 605-3508 | Email address | info@ohiobankruptcyrelief.com |
| 0068751 OH | | |
| Par number 9 Ctate | | |

| Fill in | n this informa | ation to identify your | 220: | | | | |
|-----------------|---|--|--|---|--------------|-----------|--------------------------|
| Debto | | Tanisha T Sneed | case. | | | | |
| Dobit | 01 1 | First Name | Middle Name | Last Name | | | |
| Debto (Spous | or 2 se if, filing) | First Name | Middle Name | Last Name | | | |
| Unite | d States Bank | kruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | |
| Case | number | | | | | | |
| (if knov | | | | | ı | _ | k if this is an |
| | | | | | | amen | ded filing |
| Off; | cial Ear | m 106Sum | | | | | |
| | | | and Liabilities ar | nd Certain Statistical Inform | ation | | 12/15 |
| Be as inforn | complete an nation. Fill ou original form | nd accurate as possib ut all of your schedule | le. If two married people es first; then complete the | e are filing together, both are equally resp ne information on this form. If you are filin k the box at the top of this page. | onsible for | | |
| | | | | | | Your a | ssets of what you own |
| 1. | Schedule A/E 1a. Copy line | 3: Property (Official Fo | orm 106A/B) om Schedule A/B | | | \$ | 85,410.00 |
| | 1b. Copy line | 62, Total personal proj | perty, from Schedule A/B | | | \$ | 22,850.00 |
| | 1c. Copy line | 63, Total of all property | on Schedule A/B | | | \$ | 108,260.00 |
| Part 2 | 2: Summai | rize Your Liabilities | | | | | |
| | | | | | | | abilities t you owe |
| | | | aims Secured by Property nn A, <i>Amount of claim,</i> at | (Official Form 106D) the bottom of the last page of Part 1 of Sche | edule D | \$ | 65,494.00 |
| | | | Unsecured Claims (Officia 1 (priority unsecured claim | al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i> | | \$ | 6,203.00 |
| ; | 3b. Copy the | total claims from Part | 2 (nonpriority unsecured c | claims) from line 6j of Schedule E/F | | \$ | 82,607.00 |
| | | | | Your total | liabilities | \$ | 154,304.00 |
| Part 3 | 3: Summa | rize Your Income and | Expenses | | | | |
| | | our Income (Official Fo | | ÷ I | | \$ | 4,278.33 |
| | | our Expenses (Official onthly expenses from li | | | | \$ | 4,485.00 |
| Part 4 | 4: Answer | These Questions for | Administrative and Stat | istical Records | | | |
| | • | | er Chapters 7, 11, or 13? on this part of the form. C | heck this box and submit this form to the cou | urt with you | other scl | hedules. |
| 7. | ■ Yes What kind of | debt do you have? | | | | | |
| | — Vada | | | | :lf | | Carrella and |

_

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,382.16

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clair | m |
|--|-------------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 6,203.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 6,203.00 |

| Fill in this info | rmation to identify | your case and th | is filin | g: | | | | | |
|---|--|--------------------------------|----------------|----------------------|---|--------------------------|---|--------|---|
| Debtor 1 | Tanisha T S | | | | | | | | |
| Debtor 2 | First Name | Middle | Name | | Last Name | | | | |
| (Spouse, if filing) | First Name | Middle | Name | | Last Name | | | | |
| United States E | Bankruptcy Court for | the: NORTHER | N DIST | TRICT OF OHIC |) | | | | |
| Case number | | | | | | | | | Check if this is an amended filing |
| Schedu In each category think it fits best. | Be as complete and ore space is needed, | roperty lescribe items. List a | e. If two | married people | n asset fits in more than one are filing together, both are top of any additional pages | equally resp | onsible for su | ıpplyi | ng correct |
| ☐ No. Go to F Yes. Where | eart 2. | | | | | | | | |
| 1.1 | | | Wha | it is the property | ? Check all that apply | | | | |
| | etory Street ss, if available, or other des | scription | | Condominium | i-unit building | the amoun | t of any secure | d clai | or exemptions. Put ms on <i>Schedule D:</i> scured by Property. |
| Akron City | OH State | 44301-0000 ZIP Code | | Land | or mobile home | Current va entire pro | | | rrent value of the rtion you own? \$63,980.00 |
| | | | Who | Other | in the property? Check one | (such as f | ee simple, ten e), if known. | | ownership interest by the entireties, or |
| Summit County | | | C C Othe | At least one of | Debtor 2 only the debtors and another ou wish to add about this ite | (see in | k if this is com structions) ocal | nmuni | ity property |
| | | | | perty identification | on number: | | | | |

Official Form 106A/B Schedule A/B: Property page 1

| ebtor 1 | Tanisha T Sne | | | | | | |
|--|---|-----------------------|---|--|---|---|--|
| | own or have n | nore | than one, lis | here: | | | |
| 2 | | | | What is the property? Check all that | t apply | | |
| | est Miller Ave | | | Single-family home | | | claims or exemptions. P |
| Street add | dress, if available, or ot | ther des | cription | Duplex or multi-unit building | | | ired claims on <i>Schedule</i> laims Secured by Propen |
| | | | | Condominium or cooperative | е | Creditors who have Cr | alins Secured by Fropen |
| | | | | П | | | |
| | | | | | ne | Current value of the | Current value of th |
| Akron | | ОН | 44301-0000 | ■ Land | | entire property? | portion you own? |
| City | | State | ZIP Code | ☐ Investment property | | \$21,430.00 | \$21,430 |
| | | | | ☐ Timeshare | | Describe the nature of | f your ownership intere |
| | | | | Other | | | enancy by the entireties |
| | | | | Who has an interest in the prope | rty? Check one | a life estate), if known |) . |
| | | | | ■ Debtor 1 only | | Fee simple | |
| Summ | nit | | | Debtor 2 only | | | |
| County | | | | Debtor 1 and Debtor 2 only | | 01 - 1 - 1 - 1 - 1 - 1 - 1 | |
| | | | | ☐ At least one of the debtors a | and another | (see instructions) | ommunity property |
| | | | | Other information you wish to ad | | , | |
| | | | | property identification number: | | , | |
| | | | | PPN: 6832278 | | | |
| pages your 2: Description | ou have attache cribe Your Vehicles , lease, or have I | s legal c | Part 1. Write the | for all of your entries from Part 1, at number here | y are registere | d or not? Include any | \$85,410.0 |
| you own, meone else Cars, van | ou have attache cribe Your Vehicles , lease, or have le e drives. If you lea | s legal c | Part 1. Write the state of the | at number here | y are registere | d or not? Include any | |
| pages you own, meone else Cars, van | ou have attache cribe Your Vehicles , lease, or have le e drives. If you lea | s legal c | Part 1. Write the state of the | erest in any vehicles, whether the | y are registere | d or not? Include any | |
| pages you own, meone else Cars, van | ou have attache cribe Your Vehicles , lease, or have le e drives. If you lea | s legal c | Part 1. Write the state of the | erest in any vehicles, whether the | y are registere ntracts and Une | d or not? Include any expired Leases. | vehicles you own tha |
| pages you own, meone else Cars, van | cribe Your Vehicles lease, or have I e drives. If you les s, trucks, tracto | s legal c | Part 1. Write the state of the | erest in any vehicles, whether the port it on Schedule G: Executory Corcles, motorcycles | y are registere ntracts and Une | d or not? Include any xpired Leases. Do not deduct secured the amount of any seci | vehicles you own tha |
| pages you own, meone else Cars, van No Yes | cribe Your Vehicles lease, or have I e drives. If you les s, trucks, tracto | s legal c | Part 1. Write the state of the | erest in any vehicles, whether the port it on Schedule G: Executory Concles, motorcycles Who has an interest in the property? of Debtor 1 only | y are registere ntracts and Une | d or not? Include any xpired Leases. Do not deduct secured the amount of any sect Creditors Who Have C | vehicles you own that vehicles you own that learns or exemptions. Pured claims on Schedule tlaims Secured by Proper |
| pages you own, meone else Cars, van No Yes Model: Year: | cribe Your Vehicles lease, or have I drives. If you les s, trucks, tracto Chevrolet Equinox | s legal c | Part 1. Write the state of the | erest in any vehicles, whether the port it on Schedule G: Executory Concles, motorcycles Who has an interest in the property? | y are registere ntracts and Une | d or not? Include any xpired Leases. Do not deduct secured the amount of any seci | vehicles you own that |
| pages you own, meone else Cars, van No Yes Model: Year: Approx | cribe Your Vehicles I lease, or have I de drives. If you les s, trucks, tracto Chevrolet Equinox 2018 | s legal c | or equitable in vehicle, also re | erest in any vehicles, whether the port it on Schedule G: Executory Concles, motorcycles Who has an interest in the property? of Debtor 1 only Debtor 2 only | y are registere ntracts and Une | d or not? Include any expired Leases. Do not deduct secured the amount of any sect Creditors Who Have C Current value of the | vehicles you own that vehicles you own that learned of the claims or exemptions. Pured claims or exemptions. Pured claims or exemptions. Polyalims Secured by Proper Current value of the contract of the contract value value of the contract value value of the contract value of the contra |
| pages you own, meone else Cars, van No Yes Model: Year: Approx | cribe Your Vehicles I lease, or have I de drives. If you lease, trucks, tracto Chevrolet Equinox 2018 Eximate mileage: | s legal c | or equitable in vehicle, also re | erest in any vehicles, whether the port it on Schedule G: Executory Concles, motorcycles Who has an interest in the property? Concles Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | y are registere ntracts and Une Check one | d or not? Include any expired Leases. Do not deduct secured the amount of any sect Creditors Who Have C Current value of the | vehicles you own that I claims or exemptions. Pured claims on Schedule claims Secured by Proper Current value of the portion you own? |
| pages you own, meone else Cars, van No Yes Model: Year: Approx Other | cribe Your Vehicles Lease, or have I de drives. If you lease, trucks, tracto Chevrolet Equinox 2018 Eximate mileage: information: | s legal c | or equitable in vehicle, also re | erest in any vehicles, whether the port it on Schedule G: Executory Concles, motorcycles Who has an interest in the property? of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another (see instructions) | y are registere ntracts and Une Check one | Do not deduct secured the amount of any secured Carrent value of the entire property? | vehicles you own that I claims or exemptions. Pured claims on Schedule claims Secured by Proper Current value of the portion you own? |
| pages you own, meone else Cars, van No Yes 3.1 Make: Model: Year: Approx Other | cribe Your Vehicles lease, or have I de drives. If you lease, trucks, tracto Chevrolet Equinox 2018 Emiliary Endinor Chevrolet Endinor Chevrolet Equinox | s legal c | or equitable in vehicle, also re | erest in any vehicles, whether the port it on Schedule G: Executory Concles, motorcycles Who has an interest in the property? Concles, motorcycles Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another (see instructions) Who has an interest in the property? Concless in the property? | y are registere ntracts and Une Check one | Do not deduct secured the amount of any sectored the arrow who Have C Current value of the entire property? \$18,000.00 Do not deduct secured the amount of any sectored the arrow who have C Current value of the entire property? | claims or exemptions. Pured claims Secured by Proper Current value of the portion you own? \$18,000 |
| pages you own, meone else Cars, van No Yes Model: Year: Approx Other | cribe Your Vehicles lease, or have I de drives. If you lease, trucks, tracto Chevrolet Equinox 2018 Eximate mileage: information: Chevrolet Equinox | s legal c | or equitable in vehicle, also re | erest in any vehicles, whether the port it on Schedule G: Executory Concles, motorcycles Who has an interest in the property? Concles, motorcycles Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothed (see instructions) Who has an interest in the property? Concless in the property? Con | y are registere ntracts and Une Check one | Do not deduct secured the amount of any sectored the arrow who Have C Current value of the entire property? \$18,000.00 Do not deduct secured the amount of any sectored the arrow who have C Current value of the entire property? | vehicles you own that claims or exemptions. Pured claims on Schedule claims Secured by Proper Current value of the portion you own? |
| pages you own, meone else Cars, van No Yes Model: Year: Approx Other | cribe Your Vehicles lease, or have I de drives. If you lease, trucks, tracto Chevrolet Equinox 2018 ximate mileage: information: Chevrolet Equinox 2005 | s legal c | or equitable in vehicle, also re ort utility vehi | erest in any vehicles, whether the port it on Schedule G: Executory Conceles, motorcycles Who has an interest in the property? Conceles, motorcycles Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another (see instructions) Who has an interest in the property? Conceles in the property? C | y are registere ntracts and Une Check one | d or not? Include any expired Leases. Do not deduct secured the amount of any sect Creditors Who Have C Current value of the entire property? \$18,000.00 Do not deduct secured the amount of any sect Creditors Who Have C Current value of the | claims or exemptions. Pured claims Secured by Proper Current value of the portion you own? \$18,000 claims or exemptions. Pured claims or exemptions. Pured claims on Schedule claims Secured by Proper Current value of the |
| pages you own, meone else on you own, meone else on yes. Cars, van No Yes 3.1 Make: Model: Year: Approx Other 3.2 Make: Model: Year: Approx Approx | cribe Your Vehicles lease, or have I de drives. If you lease, trucks, tracto Chevrolet Equinox 2018 ximate mileage: information: Chevrolet Equinox 2005 ximate mileage: | s legal c | or equitable in vehicle, also re | erest in any vehicles, whether the port it on Schedule G: Executory Conceles, motorcycles Who has an interest in the property? Compared to the property? Compared to the property? Compared to the property? Compared to the property of the property of the property of the property of the property? Compared to the property of the property | y are registerentracts and Une Check one | Do not deduct secured the amount of any secured representation of the entire property? \$18,000.00 Do not deduct secured the amount of any secured representation of the entire property? | vehicles you own that vehicles you own that claims or exemptions. Pured claims on Schedule claims Secured by Proper Current value of the portion you own? \$18,000 |
| pages you own, meone else Cars, van No Yes 3.1 Make: Model: Year: Approx Other Model: Year: Approx Other | cribe Your Vehicles lease, or have I de drives. If you lease, trucks, tracto Chevrolet Equinox 2018 ximate mileage: information: Chevrolet Equinox 2005 | legal case a virs, sp | or equitable in vehicle, also re ort utility vehi | erest in any vehicles, whether the port it on Schedule G: Executory Conceles, motorcycles Who has an interest in the property? Conceles, motorcycles Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another (see instructions) Who has an interest in the property? Conceles in the property? C | y are registerentracts and Une Check one | d or not? Include any expired Leases. Do not deduct secured the amount of any sect Creditors Who Have C Current value of the entire property? \$18,000.00 Do not deduct secured the amount of any sect Creditors Who Have C Current value of the | claims or exemptions. Pured claims Secured by Proper Current value of the portion you own? \$18,000 claims or exemptions. Pured claims or exemptions. Pured claims on Schedule claims Secured by Proper Current value of the |

Official Form 106A/B Schedule A/B: Property page 2

| otor 1 | Tanisha T Sr | need | Ca | ase number (if known) | |
|----------------------------------|---|---|---|---|---|
| Model Year: Appro Other | : XL-7 2008 ximate mileage: information: | 120000 | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Do not deduct secured clithe amount of any secure Creditors Who Have Clair Current value of the entire property? | ed claims on Schedule D: |
| Engi | ne is Blown | | ☐ Check if this is community property (see instructions) | \$500.00 | \$500.00 |
| xamples. ■ No | | | | | |
| pages yo | ou have attache | ed for Part 2. Write t | hat number here | | \$19,000.00 |
| | | | | ! | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Example ⊒ No – | s: Major applian | ces, furniture, linens, | | | |
| | | Household Goo | ds and Furnishings | | \$2,000.00 |
| Example ■ No | s: Televisions ar including cell | | | ers, scanners; music collection | ons; electronic devices |
| Example ■ No | s: Antiques and other collection | | | t objects; stamp, coin, or ba | seball card collections; |
| Example: ■ No | s: Sports, photogramusical instru | graphic, exercise, an | d other hobby equipment; bicycles, pool tables, go | lf clubs, skis; canoes and ka | ayaks; carpentry tools; |
| Exampl ■ No | es: Pistols, rifles | s, shotguns, ammunit | ion, and related equipment | | |
| <i>Exampl</i> ⊒ No – | , , | othes, furs, leather co | pats, designer wear, shoes, accessories | | |
| Yes. [| Describe | | | | |
| | Model Year: Appro Other Engil Vatercra xamples: No Yes Add the pages you own louseho Example: No Yes. [No Yes. [No Yes. [No Yes. [Collectible Example: No Yes. [No Yes. | Make: Suzuki Model: XL-7 Year: 2008 Approximate mileage: Other information: Engine is Blown Vatercraft, aircraft, mot xamples: Boats, trailers, No Yes Add the dollar value of pages you have attached ages you have attached ages you have attached ages you have any left and the collection are including cell no No Yes. Describe Collectibles of value Examples: Antiques and other collection who was any left and the collection of th | Make: Suzuki Model: XL-7 Year: 2008 Approximate mileage: 120000 Other information: Engine is Blown Vatercraft, aircraft, motor homes, ATVs an xamples: Boats, trailers, motors, personal wat a xamples: Major appliances, furniture, linens, No Yes. Describe Your Personal and Household Ite you own or have any legal or equitable into the xamples: Major appliances, furniture, linens, No Yes. Describe Household Goo Electronics Examples: Televisions and radios; audio, vide including cell phones, cameras, modern collectibles of value Examples: Antiques and figurines; paintings, other collections, memorabilia, collectibles of value Examples: Sports, photographic, exercise, an musical instruments No Yes. Describe Guipment for sports and hobbies Examples: Sports, photographic, exercise, an musical instruments No Yes. Describe Firearms Examples: Pistols, rifles, shotguns, ammunit No Yes. Describe Clothes Examples: Everyday clothes, furs, leather collections Examples: Everyday clothes, furs, leather collections | Make: Suzuki Model: XL-7 Year: 2008 Approximate mileage: 120000 Other information: Engine is Blown Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, an axamples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle axamples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle axamples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle axamples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle axamples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle axamples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle axamples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle axamples: Waipro appliances, furniture, linens, china, kitchenware work of the following items? Mousehold goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Mousehold Goods and Furnishings Examples: Pleavisions and radios; audio, video, stereo, and digital equipment; computers, printe including cell phones, cameras, media players, games No Yes. Describe Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other artwork or sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, go musical instruments No Yes. Describe No Yes. Describe Firearms Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | Make: Suzuki Model: XL-7 Year: 2008 Approximate mileage: 120000 Other information: 120000 Other |

Official Form 106A/B Schedule A/B: Property page 3 Best Case Bankruptcy

| 12. | | need | Case number (if known) | |
|-----|--|---|---|---|
| 12. | | | | |
| - 1 | Jewelry Examples: Everyday je ■ No | ewelry, costume jewelry, engaç | gement rings, wedding rings, heirloom jewelry, watches, gems, g | old, silver |
| | Yes. Describe | | | |
| | Non-farm animals Examples: Dogs, cats, | birds, horses | | |
| _ | ■ No □ Yes. Describe | | | |
| | Any other personal ar ■ No | nd household items you did | not already list, including any health aids you did not list | |
| ı | ☐ Yes. Give specific in | formation | | |
| 15. | | | Part 3, including any entries for pages you have attached | \$2,500.00 |
| Par | rt 4: Describe Your Finar | ncial Assets | | |
| | | legal or equitable interest in | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | have in your wallet, in your ho | ome, in a safe deposit box, and on hand when you file your petitio | on |
| 17. | | | ounts; certificates of deposit; shares in credit unions, brokerage h | nouses, and other similar |
| ı | institutions. No | If you have multiple accounts | s with the same institution, list each. | |
| ı | ■ Yes | | Institution name: | |
| | | 17.1. Checking | Citizens Bank | \$1,300.00 |
| | | or publicly traded stocks , investment accounts with bro | okerage firms, money market accounts | |
| _ | ☐ Yes | Institution or issuer | name: | |
| | joint venture | tock and interests in incorpo | orated and unincorporated businesses, including an interest | t in an LLC, partnership, and |
| | ■ No □ Yes. Give specific in | formation about them Name of entity: | % of ownership: | |
| | Negotiable instruments | s include personal checks, cas | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | |
| | ■ Yes. Give specific inf | | | |
| | | ormation about them Issuer name: | | |
| 21. | Retirement or pension Examples: Interests in No | Issuer name: | 403(b), thrift savings accounts, or other pension or profit-sharing լ | plans |

Official Form 106A/B Schedule A/B: Property page 4

| De | eptor 1 lanish | a i Sneed | Case number (if known) | |
|-----|--|--|--|---|
| 22. | Your share of all | ts and prepayments unused deposits you have made so that you made made so that you made ments with landlords, prepaid rent, public utilities | ay continue service or use from a company es (electric, gas, water), telecommunications companies, | or others |
| | ☐ Yes | Instit | tution name or individual: | |
| 23. | Annuities (A conf | stract for a periodic payment of money to you, eit | ther for life or for a number of years) | |
| | ☐ Yes | Issuer name and description. | | |
| 24. | | ducation IRA, in an account in a qualified AB(b)(1), 529A(b), and 529(b)(1). | LE program, or under a qualified state tuition progra | m. |
| | ■ No □ Yes | Institution name and description. Separatel | y file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, equitable ■ No | e or future interests in property (other than a | nything listed in line 1), and rights or powers exercis | able for your benefit |
| | ☐ Yes. Give spec | cific information about them | | |
| 26. | | thts, trademarks, trade secrets, and other into net domain names, websites, proceeds from royal net domain names. | | |
| | ☐ Yes. Give spec | cific information about them | | |
| 27. | | nises, and other general intangibles ing permits, exclusive licenses, cooperative asso | ociation holdings, liquor licenses, professional licenses | |
| | | cific information about them | | |
| M | oney or property o | owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds owe ■ No □ Yes. Give speci | | ou already filed the returns and the tax years | |
| | ■ No | 77 1 11 7 | d support, maintenance, divorce settlement, property sett | lement |
| | ☐ Yes. Give speci | ific information | | |
| | Examples: Unpai | someone owes you id wages, disability insurance payments, disabili fits; unpaid loans you made to someone else | ity benefits, sick pay, vacation pay, workers' compensati | ion, Social Security |
| | Yes. Give spec | cific information | | |
| 31. | Interests in insur Examples: Health | | count (HSA); credit, homeowner's, or renter's insurance | |
| | | insurance company of each policy and list its va | alue. | |
| | | Company name: | Beneficiary: | Surrender or refund value: |
| | | ed. | nas died a life insurance policy, or are currently entitled to receive | property because |
| | | | | |

Official Form 106A/B Schedule A/B: Property page 5

| Debto | Tanisha T Sneed | Case number (if known) | |
|-----------------------|--|--|---|
| _E: | xamples: Accidents, employment disputes, in | you have filed a lawsuit or made a demand for payment surance claims, or rights to sue | |
| ■ I | No Yes. Describe each claim | | |
| | | every nature, including counterclaims of the debtor and rights t | o set off claims |
| ■ I | No Yes. Describe each claim | | |
| 35. A n | ny financial assets you did not already list | | |
| - | Yes. Give specific information | | |
| | | om Part 4, including any entries for pages you have attached | \$1,300.00 |
| Part 5: | Describe Any Business-Related Property You | Own or Have an Interest In. List any real estate in Part 1. | |
| | you own or have any legal or equitable interest o. Go to Part 6. | in any business-related property? | |
| _ | es. Go to line 38. | | |
| | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | counts receivable or commissions you all | ready earned | |
| | No Yes. Describe | | |
| <i>E.</i> ■ 1 | | ure, modems, printers, copiers, fax machines, rugs, telephones, desk | s, chairs, electronic devices |
| 40. M a | achinery, fixtures, equipment, supplies you | u use in business, and tools of your trade | |
| | Yes. Describe | | |
| | Miscellaneous Bu | siness Supplies | \$50.00 |
| | | | |
| П | Yes. Describe | | |
| 42. Int | erests in partnerships or joint ventures | | |
| | Yes. Give specific information about them Name of entity: | % of ownership: | |
| 43. C u ■ N | istomer lists, mailing lists, or other compil o. | lations | |
| □□ | o your lists include personally identifiable infor | mation (as defined in 11 U.S.C. § 101(41A))? | |
| | ■ No □ Yes. Describe | | |
| Official | Form 106A/B | Schedule A/B: Property | page 6 |

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| Dep | or 1 Ianisha i Sheed | | Case number (if known) | |
|--------------|---|------------------------|------------------------------|--------------|
| 44 <i>I</i> | Any business-related property you did not already list | | | |
| _ | No | | | |
| | Yes. Give specific information | | | |
| | | | | |
| 45. | Add the dollar value of all of your entries from Part 5, including for Part 5. Write that number here | | | \$50.00 |
| Part | Describe Any Farm- and Commercial Fishing-Related Property You O If you own or have an interest in farmland, list it in Part 1. | own or Have an Interes | st In. | |
| 46. [| oo you own or have any legal or equitable interest in any farm- o | r commercial fishir | g-related property? | |
| | No. Go to Part 7. | | | |
| | ☐ Yes. Go to line 47. | | | |
| Part | 7: Describe All Property You Own or Have an Interest in That You I | Did Not List Above | | |
| | Oo you have other property of any kind you did not already list? | | | |
| | Examples: Season tickets, country club membership | | | |
| | No | | | |
| L | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write that | number here | | \$0.00 |
| Part | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$85,410.00 |
| 56. | Part 2: Total vehicles, line 5 | \$19,000.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$2,500.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$1,300.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$50.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$22,850.00 | Copy personal property total | \$22,850.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$108,260.00 |
| | | | | . , |

Official Form 106A/B Schedule A/B: Property page 7

| Fill in this inforn | Fill in this information to identify your case: | | | | | | |
|---------------------|---|-------------------|-----------|--------------------------------------|--|--|--|
| Debtor 1 | Tanisha T Sneed | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | | |
| Case number | | | | ☐ Check if this is an amended filing | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| art | 1: Identify the Property You Claim as E | xempt | | | |
|--|--|-----------------------|--|---|--|
| . ' | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) or any property you list on Schedule A/B that you claim as exempt, fill in the information below. rief description of the property and line on chedule A/B that lists this property Current value of the portion you own Copy the value from Schedule A/B Check only one box for each exemption. Schedule A/B Ohio Rev. Code Ann. § | | | | |
| | You are claiming state and federal nonbank | kruptcy exemptions. 1 | 11 U.S.C. § 522(b)(3) | | |
| | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | |
| For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | | Amount of the exemption you claim | Specific laws that allow exemption | |
| | | 1.7 | Check only one box for each exemption. | | |
| , | 2005 Chevrolet Equinox 100000 miles Vehicle is not running Line from <i>Schedule A/B</i> : 3.2 | \$500.00 | \$500.00 □ 100% of fair market value, up to | Ohio Rev. Code Ann. § 2329.66(A)(18) | |

| Vehicle is not running Line from Schedule A/B: 3.2 | \$500.00 | 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(18) | |
|---|------------|---|---|---|
| 2008 Suzuki XL-7 120000 miles Engine is Blown | \$500.00 | \$500.00 | Ohio Rev. Code Ann. § 2329.66(A)(2) | _ |
| Line from Schedule A/B: 3.3 | | 100% of fair market value, up to any applicable statutory limit | | |
| Household Goods and Furnishings Line from Schedule A/B: 6.1 | \$2,000.00 | \$2,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| | | 100% of fair market value, up to any applicable statutory limit | (-)(-)(-)(-) | |
| Clothing Line from Schedule A/B: 11.1 | \$500.00 | \$500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Elle II olii ochedale A.B. TTT | | 100% of fair market value, up to any applicable statutory limit | 2020.00(-1)(-1)(a) | |
| Checking: Citizens Bank Line from Schedule A/B: 17.1 | \$1,300.00 | \$500.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) | |
| Line from <i>Soliedale FVD</i> . | | 100% of fair market value, up to any applicable statutory limit | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

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| Debtor | 1 Tanisha T Sneed | | | Case number (if known) | |
|--------|--|--------------------------------------|---------|---|---|
| | ief description of the property and line on chedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | hecking: Citizens Bank | \$1,300.00 | | \$800.00 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| | ile IIIIII Schedule AV.B. 1711 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(10) |
| | iscellaneous Business Supplies | \$50.00 | | \$50.00 | Ohio Rev. Code Ann. § 2329.66(A)(5) |
| | ile illoili denedale AVB. 4011 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(11)(0) |
| | re you claiming a homestead exemption bubject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover No Yes | 3 years after that for ca | ises fi | · | , |

Official Form 106C

| Fill in this information to | o identify you | r case: | | | | |
|---|------------------|--|-------------|--|--|-----------------------------|
| Debtor 1 Tani | isha T Sneed | | st Name | | | |
| Debtor 2 (Spouse if, filing) First N | lame | Middle Name La: | st Name | | | |
| United States Bankruptcy | Court for the: | NORTHERN DISTRICT OF OHIO | | | | |
| Case number | | | | | | |
| (if known) | | | | | | if this is an led filing |
| Official Form 106 | D | | | | | |
| | | Who Have Claims So | ouro | d by Droport | ., | 40/45 |
| Schedule D: C | realtors | Who Have Claims Se | cure | a by Propert | у | 12/15 |
| | | f two married people are filing together, bout, number the entries, and attach it to th | | | | |
| 1. Do any creditors have cla | ims secured by | your property? | | | | |
| ☐ No. Check this box | x and submit th | nis form to the court with your other sch | edules. Y | ou have nothing else t | o report on this form. | |
| Yes. Fill in all of th | e information l | pelow. | | | | |
| Part 1: List All Secur | ed Claims | | | | | |
| for each claim. If more than | one creditor has | nore than one secured claim, list the creditor a particular claim, list the other creditors in F cal order according to the creditor's name. | | Amount of claim Do not deduct the | Column B Value of collateral that supports this | Column C Unsecured portion |
| 2.1 FIG OH18, LLC | | Describe the property that secures the c | :laim: | value of collateral. \$4.427.00 | claim \$21,430.00 | If any \$0.00 |
| Creditor's Name | | 282 West Miller Avenue Akron, | | <u> </u> | | |
| D.O. D 54000 | | 44301 Summit County PPN: 6832278 | | | | |
| P.O. Box 54226 New Orleans, LA | \ | As of the date you file, the claim is: Chec | k all that | | | |
| 70154-4226 | • | apply. ☐ Contingent | | | | |
| Number, Street, City, State | e & Zip Code | ☐ Unliquidated | | | | |
| W 41 1140 a. | | Disputed | | | | |
| Who owes the debt? Che | ck one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mortgoing car loan) | gage or se | curea | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 on | nlv | ☐ Statutory lien (such as tax lien, mechan | ic's lien) | | | |
| ☐ At least one of the debtor | • | ☐ Judgment lien from a lawsuit | ic s ileii) | | | |
| ☐ Check if this claim relat | | = | x Certifi | icate | | |
| community debt | | | | | | |
| Date debt was incurred _2 | 2019 | Last 4 digits of account number | 2278 | | | |
| 2.2 FIG OH18, LLC | | Describe the property that secures the c | laim: | \$3,028.00 | \$21,430.00 | \$0.00 |
| Creditor's Name | | 282 West Miller Avenue Akron, | ОН | | | |
| | | 44301 Summit County PPN: 6832278 | | | | |
| P.O. Box 54226 | | As of the date you file, the claim is: Chec | k all that | | | |
| New Orleans, LA 70154-4226 | 1 | apply. | | | | |
| Number, Street, City, State | e & Zip Code | ☐ Contingent ☐ Unliquidated | | | | |
| rumson, subst, shy, state | 5 G 2.p 0000 | ☐ Disputed | | | | |
| Who owes the debt? Che | ck one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | An agreement you made (such as morte | gage or se | cured | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debtor 2 or | - | Statutory lien (such as tax lien, mechan | ic's lien) | | | |
| ☐ At least one of the debtor☐ Check if this claim relat | | Judgment lien from a lawsuit | x Certifi | icate | | |
| community debt | es IU d | Other (including a right to offset) | A OCIUII | out | | |
| Date debt was incurred 2 | 2019 | Last 4 digits of account number | 2278 | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

| Deb | tor 1 Tanisha T Sneed | | ase number (if known) | | |
|------------|--|--|-----------------------|-------------|-------------|
| | First Name Middle N | ame Last Name | | | |
| 2.3 | Regional Acceptance Corp. | Describe the property that secures the claim: | \$33,426.00 | \$18,000.00 | \$15,426.00 |
| | Creditor's Name | 2018 Chevrolet Equinox 64000 miles | | | |
| | | | | | |
| | 1424 East Fire Tower Rd. Greenville, NC 27858 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who | o owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| | Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secucar loan) | ured | | |
| | Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| — A | at least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| _ | Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date | e debt was incurred 2018 | Last 4 digits of account number XXXX | | | |
| 2.4 | Summit Tax Partners | Describe the property that secures the claim: | \$24,613.00 | \$63,980.00 | \$0.00 |
| | Creditor's Name | 1132 Victory Street Akron, OH 44301 | | <u> </u> | |
| | | Summit County PPN: 6735506 | | | |
| | 6333 Apples Way Suite Lincoln, NE 68512 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who | o owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| _ | Debtor 1 only Debtor 2 only | ☐ An agreement you made (such as mortgage or secucar loan) | ıred | | |
| | Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| | at least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date | debt was incurred 2013-2017 | Last 4 digits of account number XXXX | | | |
| ΔΑ | ld the dollar value of your entries in O | Column A on this page. Write that number here: | \$65,494.0 | 0 | |
| ~0 | - | the dollar value totals from all pages. | | | |
| | rite that number here: | and deman rando terano mem am pagee. | \$65,494.0 | 00 | |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

| Fill | in this inform | nation to identify your c | ase: | | | | | |
|-------------------------|--|--|--|--|---------------------------|---|---|---|
| Deb | otor 1 | Tanisha T Sneed | | | | | | |
| | | First Name | Middle Name | Last Nam | е | | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Nam | e | | | |
| | | | | | | | | |
| Uni | ted States Ban | kruptcy Court for the: | NORTHERN DISTRIC | OF OHIO | | | | |
| | se number | | | | | | | |
| (if kn | own) | | | | | | _ | eck if this is an ended filing |
| | | | | | | | ann | ended ming |
| Off | icial Form | 106E/F | | | | | | |
| Sc | hedule E | /F: Creditors W | ho Have Unse | cured Claim | s | | | 12/15 |
| Sche Sche left. A | edule G: Execut edule D: Credito Attach the Cont e and case num | racts or unexpired leases to ory Contracts and Unexpi ors Who Have Claims Secutinuation Page to this page the (if known). | red Leases (Official Forn red by Property. If more b. If you have no informa | n 106G). Do not inclu space is needed, co | ide any cro py the Par | editors with partiall t you need, fill it ou | y secured claims th it, number the entri | nat are listed in es in the boxes on the |
| | | rs have priority unsecured | | | | | | |
| | ☐ No. Go to Pa | art 2. | | | | | | |
| | Yes. | | | | | | | |
| 2. | identify what typ possible, list the | priority unsecured claims to of claim it is. If a claim has claims in alphabetical order than one creditor holds a par | both priority and nonprior according to the creditor' | rity amounts, list that on the second right in the second right right in the second right in the second right right right in the second right righ | claim here | and show both priorit | y and nonpriority amo | ounts. As much as |
| | (For an explana | tion of each type of claim, se | ee the instructions for this | form in the instruction | booklet.) | T . (a) (b) | B. 1. 11 | N |
| | _ | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | | Revenue Service | Last 4 digits | of account number | xxxx | \$6,203.0 | 90 \$720. | .00 \$5,483.0 |
| | Centraliz | ditor's Name zed Insolvency Oper x 7346 phia, PA 19101-7346 | | ne debt incurred? | 2010, 2 | 014, 2017 | | |
| | Number Sti | reet City State Zip Code | | te you file, the claim | is: Check | all that apply | | |
| | Who incurred | the debt? Check one. | ☐ Continger | nt | | | | |
| | Debtor 1 or | nly | ☐ Unliquida | ted | | | | |
| | Debtor 2 or | nly | ☐ Disputed | | | | | |
| | Debtor 1 ar | nd Debtor 2 only | Type of PRIC | ORITY unsecured cla | aim: | | | |
| | ☐ At least one | e of the debtors and another | ☐ Domestic | support obligations | | | | |
| | ☐ Check if th | nis claim is for a commun | • | d certain other debts | | - | | |
| | _ | ubject to offset? | | r death or personal in | ury while y | ou were intoxicated | | |
| | ■ No □ Yes | | ☐ Other. Sp | ecifyIncome Ta | Y00 | | | |
| | Li res | | | income ra | 762 | | | |
| | | | | | | | | |
| | | l of Your NONPRIORIT | | | | | | |
| | _ ′ | rs have nonpriority unsec | 0 , | | | | | |
| | | e nothing to report in this pa | rt. Submit this form to the | court with your other | schedules. | | | |
| | Yes. | | | | | | | |
| 4. | unsecured claim | nonpriority unsecured cla n, list the creditor separately or holds a particular claim, lis | for each claim. For each of | claim listed, identify w | nat type of | claim it is. Do not list | claims already include | ded in Part 1. If more |

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 19

| Affiliated Acceptance Corporation | Last 4 digits of account number | 5919 | \$8,369.0 | |
|---|--|---|------------|--|
| Nonpriority Creditor's Name P.O. Box 790001 Sunrise Beach, MO 65079-9001 | When was the debt incurred? | 2018 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | Lateta | | |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | | |
| | _ | aration agreement or divorce that you did not | | |
| | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| □Yes | Other. Specify Collection | | | |
| AGMC House Providers | Last 4 digits of account number | xxxx | \$85.0 | |
| Nonpriority Creditor's Name 13370 Prospect Road Suite 2C | When was the debt incurred? | 2018 | | |
| Strongsville, OH 44149 Jumber Street City State Zip Code | | in Charle all that and b | | |
| Who incurred the debt? Check one. | As of the date you file, the claim | Is: Спеск ан tnat apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| Yes | Other. Specify Medical | | | |
| Akron Children's Hospital | Last 4 digits of account number | xxxx | \$1,548.00 | |
| Nonpriority Creditor's Name P.O. Box 1757 Akron, OH 44309-1757 | When was the debt incurred? | 2018 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | | | |
| Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| ☐ Yes | Other. Specify Medical | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 2 of 19

| 1 Tanisha T Sneed | | Case number (if known) | |
|--|---|--|------------|
| Akron Children's Hospital | Last 4 digits of account number | 1585 | \$54.0 |
| Nonpriority Creditor's Name One Perkins Square Akron, OH 44308-1062 | When was the debt incurred? | 2019 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Medical | | |
| Akron General Hospital | Last 4 digits of account number | xxxx | \$1,009.00 |
| Nonpriority Creditor's Name 1 Akron General Avenue Akron, OH 44307 | When was the debt incurred? | 2017 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | | |
| ☐ Yes | Other. Specify Medical | | |
| American Profit Recovery | Last 4 digits of account number | 5342 | \$1,381.00 |
| Nonpriority Creditor's Name 34505 W. 12 Mile Road Suite 333 | When was the debt incurred? | 2019 | |
| Farmington, MI 48331 | | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | ■ Other. Specify Collection | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | | Case number (if known) | | |
|--|--|---|-----------|--|
| Artemis Distribution | Last 4 digits of account number | xxxx | \$2,000. | |
| Nonpriority Creditor's Name 148 W. 28th Street New York, NY 10001 | When was the debt incurred? | 2018 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed | | | |
| | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Student loans | | | |
| | report as priority claims | ration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| Yes | ■ Other. Specify Service | | | |
| Bag Borrow or Steal | Last 4 digits of account number | xxxx | \$1,725.0 | |
| Nonpriority Creditor's Name 2114 Eagle Drive Middleton, WI 53562 | When was the debt incurred? | 2018 | | |
| Number Street City State Zip Code As of the date you file, the claim is: Check all that apply | | is: Check all that apply | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| \square Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| ☐ Yes | ■ Other. Specify Credit | | | |
| Capital One Bank Nonpriority Creditor's Name | Last 4 digits of account number | xxxx | \$396. | |
| P.O. Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | 2018-2019 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| ■ No | ■ Other. Specify Credit | 51, | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Tanisha T Sneed | | | | |
|--|--|-----------|--|--|
| Capital Premium Financing | Last 4 digits of account number 9743 | \$1,278.0 | | |
| Nonpriority Creditor's Name 12235 S. 800 E | When was the debt incurred? 2019 | | | |
| Draper, UT 84020 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot | | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| Yes | Other. Specify Loan | | | |
| Capital Premium Financing | Last 4 digits of account number XXXXX | \$1,453.0 | | |
| Nonpriority Creditor's Name | | | | |
| 660232 Dallas, TX 75266-0232 | When was the debt incurred? 2019 | | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| Who incurred the debt? Check one. | | | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot | | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| ☐ Yes | Other. Specify Insurance Collection | | | |
| Casellas Orthodontics | Last 4 digits of account number 5190 | \$2,925.0 | | |
| Nonpriority Creditor's Name 1251 Main Street | When was the debt incurred? 2019 | | | |
| Suite C | | <u>—</u> | | |
| Cuyahoga Falls, OH 44221 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| Who incurred the debt? Check one. | As of the date you me, the stant is. Oneok all that apply | | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot | | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| Yes | ■ Other. Specify Medical | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| • | | 0070 | * |
|--|--|---|-----------|
| Chase Nonpriority Creditor's Name | Last 4 digits of account number | 3879 | \$988.0 |
| 340 S. Cleveland Ave. Bldg. 370 | When was the debt incurred? 2019 | | |
| Westerville, OH 43081 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , io or ano dato you me, and ordinary | C. C | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent | | |
| | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit | | |
| City of Akron | Last 4 digits of account number | 5506 | \$156.0 |
| Nonpriority Creditor's Name 166 South High Street Suite 505 | When was the debt incurred? | 2019 | |
| Akron, OH 44308 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ■ Other. Specify Trash Bill | | |
| City of Akron | Last 4 digits of account number | 5304 | \$1,449.0 |
| Nonpriority Creditor's Name | _ | | |
| 146 South High Street P.O. Box 3565 Akron, OH 44398 | When was the debt incurred? | 2018 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Water Bill | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Tanisha T Sneed | Case number (if known) | | | |
|---|--|---|-----------|--|
| Cloud Willis & Ellis, LLC | Last 4 digits of account number | 0529 | \$2,132.0 | |
| Nonpriority Creditor's Name 3928 Montclair Road Suite 227 | When was the debt incurred? | 2019 | | |
| Birmingham, AL 35213-2435 | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | □ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| □ Yes | ■ Other. Specify Collection | | | |
| Comenity Bank | Last 4 digits of account number | xxxx | \$863.00 | |
| Nonpriority Creditor's Name | _ | | <u> </u> | |
| Bankruptcy Department P.O. Box 182125 Columbus ON 42248 2425 | When was the debt incurred? | 2017-2019 | | |
| Columbus, OH 43218-2125 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| ■ No | \square Debts to pension or profit-sharin | ng plans, and other similar debts | | |
| Yes | Other. Specify Credit | | | |
| Comenity Bank | Last 4 digits of account number | xxxx | \$437.00 | |
| Nonpriority Creditor's Name | | | • | |
| Bankruptcy Department P.O. Box 182125 | When was the debt incurred? | 2017-2019 | | |
| Columbus, OH 43218-2125 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | Student loans | | | |
| debt ls the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | | |
| ☐ Yes | Other. Specify Credit | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Comenity Bank | Last 4 digits of account number | xxxx | \$440.0 |
|--|--|---|---------|
| Nonpriority Creditor's Name | _ | | · |
| Bankruptcy Department P.O. Box 182125 | When was the debt incurred? 2017-2018 | | |
| Columbus, OH 43218-2125 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | 7.5 0. 1.0 41.0 7040, 1.10 0.11 | or chook an inat apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit | | |
| Comenity Bank | Last 4 digits of account number | xxxx | \$1,025 |
| Nonpriority Creditor's Name Bankruptcy Department P.O. Box 182125 | When was the debt incurred? | 2017-2018 | |
| Columbus, OH 43218-2125 Number Street City State Zip Code | As of the date you file, the claim is | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit | | |
| Continental Finance Co. | Last 4 digits of account number | 8xxx | \$721. |
| Nonpriority Creditor's Name | _ | | |
| 4550 New Linden Hill Road Suite 400 Wilmington, DE 19808 | When was the debt incurred? | 2014-2019 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | a plane, and other similar debte | |
| ■ No | Debts to pension or profit-sharin | ig pians, and other similar debts | |
| Yes | Other. Specify Credit | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Credit Collection Services | Last 4 digits of account number 8948 | \$164.00 |
|---|--|------------|
| Nonpriority Creditor's Name 725 Canton Street Norwood, MA 02062 | When was the debt incurred? 2019 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt s the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Collection | |
| DFS/Buckeye Credit Solutions | Last 4 digits of account number XXXX | \$3,668.00 |
| Nonpriority Creditor's Name | | |
| 6785 Bobcat Way Suite 200 | When was the debt incurred? 2016 | |
| Dublin, OH 43016 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | Other. Specify Credit | |
| Diversified Adjustment Service, Inc | Last 4 digits of account number 9766 | \$3,371.00 |
| Nonpriority Creditor's Name | | , |
| P.O. Box 32145 | When was the debt incurred? 2018 | |
| Minneapolis, MN 55432 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the damins. Oneto all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ Debtor Fand Debtor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Dominion East Ohio | Last 4 digits of account number | xxxx | \$462.00 |
|---|---|--|------------|
| Nonpriority Creditor's Name P.O. Box 26785 | When was the debt incurred? | 2018 | |
| Richmond, VA 23261-6785 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | Пол | | |
| Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| _ | ☐ Student loans | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other Specify Utility | | |
| Eagle Loan Co. of Ohio | | vvvv | \$1,613.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,013.00 |
| 1889 West Market Street Akron, OH 44313 | When was the debt incurred? | 2019 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Loan | | |
| First Premier Bank | | xxxx | \$408.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | φ400.00 |
| 3820 N. Louise Avenue Sioux Falls, SD 57107 | When was the debt incurred? | 2018 | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | ı claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| No. | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Tanisha T Sneed | Case number (if known) | |
|---|--|-----------|
| Ford Motor Credit | Last 4 digits of account number XXXX | \$6,110.0 |
| Nonpriority Creditor's Name P.O. Box 542000 Omaha, NE 68154 | When was the debt incurred? 2018 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt s the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did n report as priority claims | iot |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Damage Shortfall | |
| Genesis FS Card Services | Last 4 digits of account number 6758 | \$678.00 |
| Nonpriority Creditor's Name P.O. Box 4480 | When was the debt incurred? 2018 | |
| Beaverton, OR 97076-4480 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | The or the date you me, the claim is chook all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt s the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did n report as priority claims | iot |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | Other. Specify Credit | |
| Gerner & Kearns, PLLC | Last 4 digits of account number 6001 | \$2,865.0 |
| Nonpriority Creditor's Name | | |
| 8291 Beechmont Avenue Cincinnati, OH 45255 | When was the debt incurred? 2018 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | _ | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did n | not |
| • | ☐ Obligations arising out of a separation agreement or divorce that you did n report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | not |

Schedule E/F: Creditors Who Have Unsecured Claims

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| IC Systems | Last 4 digits of account number | xxxx | \$3,371.00 |
|--|---|---|------------|
| Nonpriority Creditor's Name | _ | | *-,- |
| P.O. Box 64378 Saint Paul, MN 55164 | When was the debt incurred? | 2019 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Collection | | |
| IC Systems | Last 4 digits of account number | 9766 | \$3,371.00 |
| Nonpriority Creditor's Name P.O. Box 64437 | When was the debt incurred? | 2019 | |
| Saint Paul, MN 55164 | | in Ol I III I | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| □ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | Other. Specify Collection | | |
| Kay Jewelers | Last 4 digits of account number | xxxx | \$688.00 |
| Nonpriority Creditor's Name | | | |
| 15220 Greenbrier St NW | When was the debt incurred? | 2018 | |
| Beaverton, OR 97006 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | , , | or chook an anat apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| ☐ Yes | ■ Other. Specify Credit | | |

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| LVNV Funding | Last 4 digits of account number | 6161 | \$892.00 |
|---|---|---|---|
| Nonpriority Creditor's Name | _ | | • • • • • • |
| P.O. Box 10497 Greenville, SC 29603 | When was the debt incurred? | 2018 | |
| Number Street City State Zip Code | As of the date you file, the claim i | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Collection | | |
| N2 Publishing | Last 4 digits of account number | xxxx | \$4,500.00 |
| Nonpriority Creditor's Name | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 5051 New Centre Dr. Wilmington, NC 28403 | When was the debt incurred? | 2018 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ☐ Check if this claim is for a community debt | | | |
| debt Is the claim subject to offset? | | | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify Service | | |
| Ohio Edison | | xxxx | \$630.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number | | φ030.00 |
| P.O. Box 3687 | When was the debt incurred? | 2020 | |
| Akron, OH 44309 | = | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | O continuent | | |
| _ | ☐ Contingent | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured claim: | | |
| _ | Student loans | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | | |
| ■ No | Debts to pension or profit-sharin | | |
| □ Yes | Other. Specify Utility | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Tanisha T Sneed | | Case number (if known) | |
|--|---|---|-----------|
| Premier Bankcard | Last 4 digits of account number | xxxx | \$408.0 |
| onpriority Creditor's Name 01 S. Minnesota Ave. Sioux Falls, SD 57104 | When was the debt incurred? | 2014-2018 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Vho incurred the debt? Check one. | - | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | | | |
| Debtor 1 and Debtor 2 only | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit | | |
| Progressive Leasing | Last 4 digits of account number | xxxx | \$2,461.0 |
| lonpriority Creditor's Name 256 Data Drive | When was the debt incurred? | 2018 | |
| Oraper, UT 84020 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | , | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | ☐ Student loans | |
| debt s the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| No | Debts to pension or profit-sharing | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Service | | |
| Source Receivables Management | Last 4 digits of account number | xxxx | \$3,371.0 |
| Nonpriority Creditor's Name | When was the debt incurred? | 2018 | |
| #102 | mon was the asst meaned. | | |
| Greensboro, NC 27407 | _ | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | Пол | | |
| | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| ☐ At least one or the debtors and another ☐ Check if this claim is for a community | Student loans | | |
| ☐ Check if this claim is for a community lebt sthe claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| □ Yes | ■ Other Specify Collection | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Stark State College Nonpriority Creditor's Name | Last 4 digits of account number | xxxx | \$1,550 |
|---|---|---|---------|
| Nonpriority Creditor's Name 6200 Frank Avenue NW North Canton. OH 44720 | When was the debt incurred? | 2018 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | ■ Other. Specify Tuition | | |
| Stewardship Property Solutions | Last 4 digits of account number | xxxx | \$2,100 |
| Nonpriority Creditor's Name | _ | | |
| 641 Lincoln Way Massillon, OH 44646 | When was the debt incurred? | 2019 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ■ No | Debts to pension or profit-sharin | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Rent | | |
| Synchrony Bank | Last 4 digits of account number | xxxx | \$329 |
| Nonpriority Creditor's Name | | | |
| Attn: Bankruptcy Department P.O. Box 965060 Orlando, FL 32896-5060 | When was the debt incurred? | 2018 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | Other Specify Credit | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | Case number (if known) | | |
|---|--|------------|--|
| TD Bank USA | Last 4 digits of account number XXXX | \$3,076.00 | |
| Nonpriority Creditor's Name 13531 E. Caley Avenue Englewood, CO 80111 | When was the debt incurred? 2018 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you desport as priority claims | id not | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| Yes | Other. Specify Credit | | |
| Total Card, Inc. | Last 4 digits of account number 2142 | \$510.00 | |
| Nonpriority Creditor's Name 2700 S. Lorraine PI. | When was the debt incurred? 2018 | | |
| Sioux Falls, SD 57106 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you dereport as priority claims | id not | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | | |
| □ Yes | Other. Specify Collection | | |
| UCB Intelligent Solutions | Last 4 digits of account number 3086 | \$200.00 | |
| Nonpriority Creditor's Name | Last 4 digits of account number 3086 | Ψ200.00 | |
| P.O. Box 89471 Cleveland, OH 44144 | When was the debt incurred? 2019 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | |
| At least one of the debtors and another | Student loans | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you dereport as priority claims | id not | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| □ Yes | ■ Other. Specify Collection | | |

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| Debtor | 1 Tanisha T Sneed | Case number (if known) | |
|--------|--|--|------------|
| 4.4 | | | 4 |
| 6 | University of Akron | Last 4 digits of account number XXXX | \$2,775.00 |
| | Nonpriority Creditor's Name P.O. Box 2260 | When was the debt incurred? 2018 | |
| | Akron, OH 44309 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that yo report as priority claims | u did not |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | Yes | Other. Specify Tuition | |
| 4.4 | Village of Linndale | Last 4 digits of account number XXXX | \$125.00 |
| 7 | Nonpriority Creditor's Name | | |
| | Citations Processing Center | When was the debt incurred? 2020 | |
| | P.O. Box 7200 | | |
| | Beverly, MA 01915 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that yo | ou did not |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Fee | |
| 4.4 | | | |
| 8 | Wells Fargo Card Services | Last 4 digits of account number XXXX | \$2,477.00 |
| | Nonpriority Creditor's Name P.O. Box 14517 | When was the debt incurred? 2018 | |
| | Des Moines, IA 50306 | <u> </u> | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that yo | u did not |
| | _ | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | • • • • | |
| | ☐ Yes | Other. Specify Credit | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 17 of 19

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Debtor 1 Tanisha T Sneed | Case number (if known) |
|---|---|
| Name and Address Akron Municipal Court 217 South High Street Room 837 Akron, OH 44308 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| , | Last 4 digits of account number |
| Name and Address Asset Recovery Solutions, LLC 2200 E. Devon Street Suite 200 Des Plaines, IL 60018 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number |
| Name and Address CBCS P.O. Box 163279 Columbus, OH 43216-3279 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number |
| Name and Address Client Services, Inc. 3451 Harry S Truman Blvd. Saint Charles, MO 63301 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.42 of (Check one): |
| Name and Address Firstcredit, Inc. P.O. Box 630838 Cincinnati, OH 45263 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one): |
| Name and Address Jefferson Capital Systems 16 McLeland Road Saint Cloud, MN 56303 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.27 of (Check one): |
| Name and Address Lee Petersen P.O. Box 13118 Fairlawn, OH 44334 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.26 of (Check one): |
| Name and Address Nordstrom Card Services P.O. Box 6566 Englewood, CO 80155-6566 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.43 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number |
| Name and Address Receivables Outsourcing P.O. Box 549 Lutherville Timonium, MD 21094 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): |
| Name and Address Sentry Credit, Inc. 2809 Grand Avenue Everett, WA 98201 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.43 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number |
| Name and Address Tate & Kirlin Associates, Inc. 580 Middletown Blvd. Suite 240 Langhorne, PA 19047 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.34 of (Check one): |
| | Last 4 digits of account number |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 18 of 19

| Debtor 1 Tanisha T Sneed | | Case number (if known) | | | |
|---------------------------------|----------------------------------|---|--|--|--|
| Team Recovery | Line 4.3 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| P.O. Box 1643 Stow, OH 44224 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Stow, 511 44224 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part | art 2 did you list the original creditor? | | | |
| Transworld Systems, Inc. | Line 4.8 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| 500 Virginia Drive Suite 514 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Fort Washington, PA 19034 | | | | | |
| | Last 4 digits of account number | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-------------|-----|---|-----|-----------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 6,203.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 6,203.00 |
| | | | | Total Claim |
| Γotal . | 6f. | Student loans | 6f. | \$ 0.00 |
| laims | | | | |
| rom Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 82,607.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 82,607.00 |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 19 of 19

| Fill in this infor | | | | |
|---------------------|--------------------------|-------------------|-----------|---|
| Debtor 1 | Tanisha T Sneed | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company wit Name, Numb | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | - |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Best Case Bankruptcy

| Fill in this info | rmation to identify your | case: | | | |
|---|---|---|---|--|--|
| Debtor 1 | Tanisha T Sneed | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| | orm 106H • H: Your Cod | ebtors | | | 12/15 |
| people are filing fill it out, and no your name and | g together, both are equi umber the entries in the case number (if known) | ally responsible for supp boxes on the left. Attach . Answer every question | olying correct information the Additional Page to t | n. If more space is r this page. On the to | rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write |
| _ | nave any codebions: (ii) | you are ming a joint case, t | do not list either spouse as | s a codebior. | |
| □ No ■ Yes | | | | | |
| | | | operty state or territory? erto Rico, Texas, Washing | | ty states and territories include |
| ■ No. Go to □ Yes. Did | | use, or legal equivalent live | e with you at the time? | | |
| in line 2 ag | gain as a codebtor only i o), Schedule E/F (Official | f that person is a guaran | tor or cosigner. Make su | re you have listed t | ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | mn 1: Your codebtor Number, Street, City, State and ZI | P Code | | Column 2: The cro | editor to whom you owe the debt es that apply: |
| 583 | oine Stephens Southampton Court on, OH 44321 | | | ■ Schedule D, I □ Schedule E/F □ Schedule G _ Regional Accep | , line |

| Fill | in this information to identify you | ur case: | | | | | | | |
|--------------------|--|---|---|-------------------------|-------------|-------------------------------|----------------------|--------------------------------|-----------------|
| Del | otor 1 Tanisha | Γ Sneed | | | _ | | | | |
| | otor 2 ouse, if filing) | | | | - | | | | |
| Uni | ted States Bankruptcy Court for | the: NORTHERN DISTRIC | CT OF OHIO | | _ | | | | |
| | se number | | - | | | | nt showin | g postpetition | chapter |
| O | fficial Form 106I | | | | | MM / DD/ Y | | one wing date. | |
| S | chedule I: Your In | ncome | | | | IVIIVI / DD/ I | | | 12/15 |
| sup spo atta | as complete and accurate as p plying correct information. If y use. If you are separated and y ch a separate sheet to this for Describe Employme | ou are married and not filir your spouse is not filing wi m. On the top of any additi | ng jointly, and your sith you, do not include | spouse is de informa | living wi | th you, inclu out your spo | ide infornuse. If me | nation about ore space is i | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fi | ling spouse | |
| | If you have more than one job | · Employment status* | ■ Employed | | | ☐ Emplo | yed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | ☐ Not er | nployed | | |
| | employers. | Occupation | LPN | | | | | | |
| | Include part-time, seasonal, or self-employed work. | r Employer's name | Cleveland Clinic | С | | | | | |
| | Occupation may include stude or homemaker, if it applies. | ent Employer's address | P.O. Box 94909 Cleveland, OH 4 | 14101 | | | | | |
| | | How long employed the | | | or Additi | onal Emplo | yment Inf | ormation | |
| Par | t 2: Give Details About I | Monthly Income | | | | | | | |
| | mate monthly income as of thuse unless you are separated. | e date you file this form. If | you have nothing to re | eport for ar | ny line, wr | rite \$0 in the | space. Ind | clude your nor | n-filing |
| | u or your non-filing spouse have e space, attach a separate shee | | ombine the information | n for all em | ployers f | or that perso | n on the li | nes below. If y | ou need |
| | | | | | For D | ebtor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, s deductions). If not paid month | | | 2. | \$ | 4,218.50 | \$ | N/A | |
| 3. | Estimate and list monthly ov | ertime pay. | | 3 | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Ad | d line 2 + line 3. | | 4. | \$4, | 218.50 | \$ | N/A | |
| | | | | _ | | | | | |

Official Form 106I Schedule I: Your Income page 1

| | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 1,200.00 | \$_ | | N/A | |
|----|--|--------|-----|---------------------|-----|-------|---------|---------|
| 0. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | 10. \$ | | 4,278.33 + \$ | | N/A = | \$ 4 | ,278.33 |
| 1. | State all other regular contributions to the expenses that you list in Scheolinclude contributions from an unmarried partner, members of your household, you | | den | ts, your roommates, | and | ł | | |

other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify:

11. +\$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

| 12. | \$ 4,278.33 |
|-----|----------------|
| | mbined |

0.00

13. Do you expect an increase or decrease within the year after you file this form?

9

| No. | |
|---------------|--|
| Yes. Explain: | |

Official Form 106l Schedule I: Your Income page 2

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|-----------------------|--|
| Occupation | LPN | |
| Name of Employer | Complete Healthcare | |
| How long employed | 2 years | |
| Address of Employer | 2815 Aaronwood Ave NE | |
| | Massillon, OH 44646 | |

Official Form 106l Schedule I: Your Income page 3

| | | | | | | ī | | | | |
|--------|------------------------------|-----------------------------------|---------------|--|--------------------------|------------|---------------------------------------|---------------|------------------------|-------|
| Fill | in this informat | tion to identify yo | ur case: | | | | | | | |
| Deb | tor 1 | Tanisha T Sn | eed | | | Cł | neck if tl | his is: | | |
| | | | | | | | | mended filing | | |
| ! | tor 2 ouse, if filing) | | | | | | | | ving postpetition chap | ter |
| (Spc | ouse, ii iiiing) | | | | | | 13 6 | xpenses as or | the following date: | |
| Unit | ed States Bankru | uptcy Court for the: | NORTH | ERN DISTRICT OF OH | IO | | MM / | / DD / YYYY | | |
| Cas | e numbe r | | | | | | | | | |
| (If kr | nown) | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | • | | | | |
| | | J: Your E | Exner | 292 | | | | | | 12/15 |
| | | | | If two married people | are filing together, b | oth are e | gually r | esponsible fo | r supplying correct | |
| info | ormation. If me | | eded, atta | ch another sheet to thi | | | | | | |
| Par | | ibe Your Housel | hold | | | | | | | |
| 1. | Is this a join | t case? | | | | | | | | |
| | ■ No. Go to | line 2. | | | | | | | | |
| | ☐ Yes. Doe s | s Debtor 2 live in | n a separa | ate household? | | | | | | |
| | | o | | | | | | | | |
| | □ Ye | es. Debtor 2 mus | t file Offici | al Form 106J-2, <i>Expense</i> | es for Separate House | ehold of D | ebtor 2. | | | |
| 2. | Do vou have | dependents? | □ No | | | | | | | |
| | Do not list De | - | | Fill out this information for | Dependent's relat | ionshin to | | Dependent's | Does dependent | |
| | Debtor 2. | ebior rand | Yes. | each dependent | Debtor 1 or Debto | | | ige | live with you? | |
| | D | 41 | | | | | | | □ No | |
| | Do not state of dependents r | | | | Daughter | | 7 | 7 | ■ Yes | |
| | шоропшоппо . | | | | | | | | □ No | |
| | | | | | Daughter | | 1 | 16 | ■ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| 3. | | enses include | | No | | | | | | |
| | • | people other the your depender | | Yes | | | | | | |
| | • | | | | | | | | | |
| | | ate Your Ongoin | | | | | | | t 42 to | 4 |
| exp | | | | uptcy filing date unless y is filed. If this is a sup | | | | | | |
| Incl | lude expenses | s naid for with n | on-cash | government assistance | e if you know | | | | | |
| | | | | luded it on Schedule I: | | | | ., | | |
| (Off | ficial Form 10 | 6I.) | | | | | _ | Your expe | enses | |
| | T he mental c | | . • | | | | | | | |
| 4. | | r home ownersh d any rent for the | | ses for your residence r lot. | . Include first mortgage | | \$ | | 2,100.00 | |
| | If not includ | | 3 | | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | | 0.00 | |
| | | ty, homeowner's | , or renter | s insurance | | 4a. 4b. | · · · · · · · · · · · · · · · · · · · | | 20.00 | |
| | • | • | | pkeep expenses | | 4c. | · | | 50.00 | |
| | | owner's associati | | | | 4d. | \$ _ | | 0.00 | |
| 5. | Additional m | nortgage payme | nts for yo | ur residence, such as h | nome equity loans | 5. | \$ | | 0.00 | |

| Deb | tor 1 | Tanisha T Sneed | Case num | ber (if known) | |
|-----|---|---|--------------|----------------|-----------------------------|
| 6. | Utilit | ies: | | | |
| 0. | 6a. | Electricity, heat, natural gas | 6a. | \$ | 300.00 |
| | 6b. | Water, sewer, garbage collection | 6b. | \$ | 75.00 |
| | 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 250.00 |
| | 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food | I and housekeeping supplies | | \$ | 750.00 |
| 8. | | Icare and children's education costs | 8. | \$ | 0.00 |
| 9. | Cloth | ning, laundry, and dry cleaning | 9. | \$ | 150.00 |
| 10. | | onal care products and services | 10. | \$ | 150.00 |
| 11. | Medi | cal and dental expenses | 11. | \$ | 150.00 |
| 12. | Trans | sportation. Include gas, maintenance, bus or train fare. | | · — | |
| | | ot include car payments. | 12. | \$ | 300.00 |
| 13. | Ente | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| 14. | Char | itable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insur | rance. | | | |
| | | ot include insurance deducted from your pay or included in lines 4 or 20. | | _ | |
| | | Life insurance | 15a. | · | 0.00 |
| | | Health insurance | 15b. | · <u> </u> | 0.00 |
| | | Vehicle insurance | 15c. | · | 140.00 |
| | | Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | 4.0 | • | |
| 47 | Spec | · | 16. | \$ | 0.00 |
| 17. | | Ilment or lease payments: | 17a. | ¢ | 0.00 |
| | | Car payments for Vehicle 1 Car payments for Vehicle 2 | 17a. 17b. | * | 0.00 |
| | | • • | | · | 0.00 |
| | | Other Specify: | 17c. 17d. | · | 0.00 |
| 10 | | Other. Specify: | 1/0. | D | 0.00 |
| 10. | | payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Spec | • | 19. | Ψ | 0.00 |
| 20. | • | r real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i> | | our Income. | |
| _0. | | Mortgages on other property | 20a. | | 0.00 |
| | | Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | Homeowner's association or condominium dues | 20e. | * | 0.00 |
| 21. | | r: Specify: | | +\$ | 0.00 |
| | • | | | . • | 0.00 |
| 22. | | ulate your monthly expenses | | | |
| | | Add lines 4 through 21. | | \$ | 4,485.00 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 4,485.00 |
| 22 | Cala | ulate your menthly not income | | | |
| ∠3. | | ulate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | ¢ | 4 270 22 |
| | | | | · | 4,278.33 |
| | ∠3D. | Copy your monthly expenses from line 22c above. | 23b. | - Ф | 4,485.00 |
| | 230 | Subtract your monthly expenses from your monthly income. | | | |
| | 200. | The result is your <i>monthly net income</i> . | 23c. | \$ | -206.67 |
| | | soun to your monthly not moonto. | | | |
| 24. | For ex | ou expect an increase or decrease in your expenses within the year after yo cample, do you expect to finish paying for your car loan within the year or do you expect your ication to the terms of your mortgage? | | | se or decrease because of a |
| | ■ Ye | | the nex | t vear | |
| | — 16 | Zan Trans. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 3 | , | |

| Fill in this infor | mation to identify your | case: | | |
|---------------------------------|--|-----------------------------|------------------------------|--|
| Debtor 1 | Tanisha T Sneed | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT O | F OHIO | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| Official Forr | | | | |
| Declarat | tion About a | ın Individual [| Debtor's Sche | edules 12/15 |
| If two married n | aanla ara filina taaatha | r, both are equally respons | ible for supplying correct | information |
| ii two iiiai iieu p | eopie are ming togethe | , both are equally respons | ible for supplying correct | inormation. |
| You must file thi | is form whenever you fi | le bankruptcy schedules o | r amended schedules. Ma | king a false statement, concealing property, or |
| | | | iptcy case can result in fin | es up to \$250,000, or imprisonment for up to 20 |
| years, or both. 1 | I8 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | | |
| | | | | |
| | | | | |
| Sig | n Below | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attorne | ey to help you fill out bank | ruptcy forms? |
| ■ No | | | | |
| ☐ Yes. I | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, |
| | | | | Declaration, and Signature (Official Form 119) |
| | | | | |
| | alty of perjury, I declare re true and correct. | that I have read the summa | ary and schedules filed wi | th this declaration and |
| X /s/ Tan | nisha T Sneed | | X | |
| Tanish | na T Sneed | | Signature of Deb | tor 2 |
| Signatu | ire of Debtor 1 | | | |
| Date | March 23, 2020 | | Date | |
| = | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill | n this inform | nation to identify you | r case: | | | |
|-----------------|---------------------|--|---|---|--|---|
| Deb | tor 1 | Tanisha T Sneed | | | | |
| Deb | tor 2 | First Name | Middle Name | Last Name | | |
| | ise if, filing) | First Name | Middle Name | Last Name | | |
| Unite | ed States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF OHIO | | |
| Case (if kno | e number | | | | - | heck if this is an mended filing |
| Sta Be as | s complete a | of Financial | | are filing together, both are | ankruptcy equally responsible for supp | |
| | | n). Answer every que | | | | |
| Part | | etails About Your Ma | arital Status and Where You | i Lived Betore | | |
| • | ☐ Married ■ Not mar | | 15: | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. List | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>.</i> | |
| | Debtor 1 Pri | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | hedule H: Your Codebtors (Ot | fficial Form 106H). | | |
| Part | 2 Explain | n the Sources of You | r Income | | | |
| | Fill in the tota | I amount of income yo | nployment or from operating the received from all jobs and a have income that you receive | all businesses, including part | | dar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$7,143.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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| Debtor 1 Tanisha T Sneed | | | | | Ca | Case number (if known) | | | | | | |
|--------------------------|--|---------|-------------------------|--------------|---|------------------------|---|---|---|------------|--|----|
| | | | | | | | | | | | | |
| | | | | | Debtor 1 | | | D | ebtor 2 | | | |
| | | | | | Sources of income Check all that apply. | (be | oss income fore deductions and lusions) | _ | ources of inc heck all that a | | Gross income (before deduction and exclusions) | าร |
| | | | dar year: December | 31, 2019) | ■ Wages, commission bonuses, tips | ons, | \$61,203.00 | | Wages, comonuses, tips | nmissions, | | |
| | | | | | ☐ Operating a busine | ess | | | Operating a | business | | |
| | | | dar year be December | | ■ Wages, commission bonuses, tips | ons, | \$80,831.00 | | ☑ Wages, com onuses, tips | nmissions, | | |
| | | | | | ☐ Operating a busine | ess | | | Operating a | business | | |
| | Include income regardless of whether that income is taxable. Examples of <i>other income</i> are alimony; child support; Social Security, unemployment and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. | | | | | | | | | | | |
| | | 100. | Fill in the de | idiio. | | | | | | | | |
| | | | | | Debtor 1 Sources of income Describe below. | eac (be | oss income from th source fore deductions and dusions) | S | ebtor 2 ources of inc escribe below | | Gross income (before deduction and exclusions) | าร |
| Pa | rt 3: | List | Certain Pa | yments You | Made Before You File | | , | | | | | |
| 6. | Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? | | | | | an | | | | | | |
| | □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. | | | | | | | | | | | |
| | Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? | | | | | | | | | | | |
| | | | No. | Go to line 7 | | | | | | | | |
| | | | □ _{Yes} | include pay | each creditor to whom yoments for domestic sup this bankruptcy case. | | | | | | | an |
| | Cre | editor' | s Name and | d Address | Dates of p | ayment | Total amount paid | Α | mount you still owe | Was this p | payment for | |
| | | | | | | | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | otor 1 | Tanisha T Sneed | | Case | e number (if known) | |
|-----|-----------------------|---|------------------------|---|------------------------------------|-------------------------|
| | | | | | | |
| Par | t 5: | List Certain Gifts and Contribution | ns | | | |
| 13. | | n 2 years before you filed for banki No Yes. Fill in the details for each gift. | ruptcy, d | id you give any gifts with a total value o | of more than \$600 per person? | |
| | Gifts | Gifts with a total value of more than \$600 per person | | Describe the gifts | Dates you gave the gifts | Value |
| | Perso Addr | on to Whom You Gave the Gift and ress: | i | | | |
| 14. | | No | | id you give any gifts or contributions w | vith a total value of more than \$ | \$600 to any charity? |
| | | es. Fill in the details for each gift or o | | | | |
| | more Char | or contributions to charities that the than \$600 ity's Name eess (Number, Street, City, State and ZIP Cod | | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: | List Certain Losses | | | | |
| 15. | or gar | n 1 year before you filed for bankrumbling? No Yes. Fill in the details. | uptcy or | since you filed for bankruptcy, did you | lose anything because of theft | , fire, other disaster, |
| | | cribe the property you lost and the loss occurred | Include | the amount that insurance has paid. List page claims on line 33 of Schedule A/B: Pro | | Value of property lost |
| Par | t 7: | List Certain Payments or Transfer | 's | | | |
| 16. | Withir consu | n 1 year before you filed for bankru ulted about seeking bankruptcy or | uptcy, die preparir | d you or anyone else acting on your bel g a bankruptcy petition? s, or credit counseling agencies for service | | ty to anyone you |
| | = ' | vo /es. Fill in the details. | | | | |
| | Perso Addr Emai | on Who Was Paid | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | 4450 Suite Cant | e Legal Services, LLC D Belden Village Street NW e 804 ton, OH 44718 v.ohiobankruptcyrelief.com | | Attorney Fee | January 2020 | \$795.00 |
| | Debt | torcc.org | | Credit Counseling | January 2020 | \$14.95 |
| | www | v.debtorcc.org | | | | |
| | - | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 17. | Within 1 year before you filed for bankruptcy, dipromised to help you deal with your creditors on Do not include any payment or transfer that you list No Yes. Fill in the details. | r to make payments | | | or transfer any propert | y to anyone who |
|---|--|---|----------------------------|------------------|---|---|
| | Person Who Was Paid Address | Description and va | lue of any pro | perty | Date payment or transfer was made | Amount of payment |
| Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). D include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and va property transferre | | | any property or received or debts change | Date transfer was made |
| 19. | Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protection No ☐ Yes. Fill in the details. | | property to a | self-settled tru | ust or similar device o | f which you are a |
| | Name of trust | Description and va | lue of the prop | erty transferr | ed | Date Transfer was made |
| Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unit houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | |
| | | st 4 digits of count number | Type of account instrument | clo mo | te account was osed, sold, oved, or nsferred | Last balance before closing or transfer |
| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or oth cash, or other valuables? No Yes. Fill in the details. | | t box or other deposit | ory for securities, | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, Str State and ZIP Code) | | Describe the | contents | Do you still have it? |
| 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. | | | | | ? | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or hat to it? Address (Number, Str State and ZIP Code) | | Describe the | contents | Do you still have it? |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Tanisha T Sneed Case number (if known)

| Par | t 9: Identify Property You Hold or Control for S | Someone Else | | | | | | |
|--|--|--|--------------------------------------|-----------------------|--|--|--|--|
| 23. | Do you hold or control any property that someon for someone. | ne else owns? Include any proper | ty you borrowed from, are storing fo | r, or hold in trust | | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | |
| Par | tt 10: Give Details About Environmental Informa | tion | | | | | | |
| For | the purpose of Part 10, the following definitions a | apply: | | | | | | |
| | Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | r, land, soil, surface water, ground | - · | | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal s | • | law, whether you now own, operate, | or utilize it or used | | | | |
| | Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si | | s waste, hazardous substance, toxic | substance, | | | | |
| Rep | ort all notices, releases, and proceedings that yo | u know about, regardless of wher | n they occurred. | | | | | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | under or in violation of an environm | ental law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or administ | trative proceeding under any envi | ronmental law? Include settlements | and orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | rt 11: Give Details About Your Business or Conn | ections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | id you own a business or have ar | y of the following connections to an | y business? | | | | |
| | ☐ A sole proprietor or self-employed in a tr | ade, profession, or other activity, | either full-time or part-time | | | | | |
| ■ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executi | ve of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or e | · | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | otor 1 Tanisha T Sneed | C | ase number (if known) | | | | | |
|---------------|---|---|---|--|--|--|--|--|
| | | | | | | | | |
| | ☐ No. None of the above applies. Go to | No. None of the above applies. Go to Part 12. | | | | | | |
| | ■ Yes. Check all that apply above and fil | I in the details below for each business. | | | | | | |
| | Business Name | Describe the nature of the business | Employer Identification number | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security number or ITIN. | | | | | |
| | Musetin Asethatisa | Downson and Makeyes | Dates business existed EIN: | | | | | |
| | Kreativ Aesthetics 96 Shiawassee | Permanent Makeup | | | | | | |
| | Akron, OH 44333 | | From-To 2019 | | | | | |
| | Institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below. | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | | |
| Par | t 12: Sign Below | | | | | | | |
| are with 18 U | | false statement, concealing property, or | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both. | | | | | |
| Sig | nature of Debtor 1 | | | | | | | |
| Dat | e March 23, 2020 | Date | | | | | | |
| Did ■ N | | ent of Financial Affairs for Individuals Fili | ng for Bankruptcy (Official Form 107)? | | | | | |
| | you pay or agree to pay someone who is no lo es. Name of Person Attach the Bankru | | | | | | | |
| | | | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill in this infor | mation to identify your | case: | | | |
|---------------------------------|--|--|--|--------------|------------------------------------|
| Debtor 1 | Tanisha T Sneed | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case number _ | | | | | Check if this is an amended filing |
| Official Fo | | n for Individı | uals Filing Unde | er Chapter 7 | 12/15 |
| • | ividual filing under cha e claims secured by yo | pter 7, you must fill out t ur property, or | this form if: | - | |
| You must file thi | s form with the court wever is earlier, unless th | | oired. ile your bankruptcy petition e for cause. You must also s | | |

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|---|
| Creditor's FIG OH18, LLC | ■ Surrender the property. | ■ No |
| Description of property OH 44301 Summit County Securing debt: 282 West Miller Avenue Akron, OH 44301 Summit County PPN: 6832278 | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ Yes |
| Creditor's FIG OH18, LLC | ■ Surrender the property. | ■ No |
| Description of property securing debt: Description of property Securing debt: 282 West Miller Avenue Akron, OH 44301 Summit County PPN: 6832278 | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | ☐ Yes |
| Creditor's Regional Acceptance Corp. | ■ Surrender the property. | ■ No |
| Description of property 2018 Chevrolet Equinox 64000 miles | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | ☐ Yes |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

| Debtor 1 Tanisha T Sneed | Case number (if ki | nown) |
|---|--|--|
| securing debt: | | |
| Creditor's Summit Tax Partners | Surrender the property.Retain the property and redeem it. | ■ No |
| Description of property 44301 Summit County securing debt: 1132 Victory Street Akron 44301 Summit County PPN: 6735506 | ☐ Retain the property and enter into a | ☐ Yes |
| Part 2: List Your Unexpired Personal Proper | ty Leases | |
| in the information below. Do not list real estate | you listed in Schedule G: Executory Contracts and Unex leases. Unexpired leases are leases that are still in effectly lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Describe your unexpired personal property lea | ises | Will the lease be assumed? |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Part 3: Sign Below | | |
| Under penalty of perjury, I declare that I have in property that is subject to an unexpired lease. | dicated my intention about any property of my estate that | nt secures a debt and any personal |
| X /s/ Tanisha T Sneed | x | |
| Tanisha T Sneed Signature of Debtor 1 | Signature of Debtor 2 | |
| Date March 23, 2020 | Date | |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Best Case Bankruptcy

| Fill in this information to identify your case: | | | irected in this form and i | n Form |
|--|---|---|---|----------------------------|
| Debtor 1 Tanisha T Sneed | | 2A-1Supp: | | |
| Debtor 2 (Spouse, if filing) | | ■ 1. There is no pres | umption of abuse | |
| United States Bankruptcy Court for the: Northern District of | Ohio | applies will be n | o determine if a presump nade under <i>Chapter 7 M</i> | |
| Case number | | Calculation (Off | icial Form 122A-2). | |
| (if known) | | | does not apply now bec service but it could app | |
| | | ☐ Check if this is a | n amended filing | |
| Official Form 122A - 1 | | | 3 | |
| Chapter 7 Statement of Your Cur | rent Monthly Inc | nome | | 12/19 |
| Chapter / Statement of Tour Cur | Territ Mornting Inc | , OITIC | | 12/19 |
| Be as complete and accurate as possible. If two married people at attach a separate sheet to this form. Include the line number to will case number (if known). If you believe that you are exempted from qualifying military service, complete and file Statement of Exempted Part 1: Calculate Your Current Monthly Income | nich the additional information a n a presumption of abuse becau | applies. On the top of ai use you do not have prir | ny additional pages, write marily consumer debts or | your name and because of |
| 1. What is your marital and filing status? Check one onl | y. | | | |
| ■ Not married. Fill out Column A, lines 2-11. | | | | |
| ☐ Married and your spouse is filing with you. Fill out | both Columns A and B, lines | 2-11. | | |
| ☐ Married and your spouse is NOT filing with you. Y | ou and your spouse are: | | | |
| ☐ Living in the same household and are not legal | ly separated. Fill out both Co | olumns A and B, lines 2 | 2-11. | |
| ☐ Living separately or are legally separated. Fill o penalty of perjury that you and your spouse are le living apart for reasons that do not include evading | gally separated under nonbar | nkruptcy law that applie | es or that you and your s | |
| Fill in the average monthly income that you received from all s 101(10A). For example, if you are filing on September 15, the 6-months and divide the total languages own the same rental property, put the income from that pr | onth period would be March 1 thro by 6. Fill in the result. Do not inclu | ugh August 31. If the amode any income amount m | ount of your monthly income ore than once. For example | varied during , if both |
| | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| Your gross wages, salary, tips, bonuses, overtime, a payroll deductions). | and commissions (before all | \$4,382.16 | \$ | |
| Alimony and maintenance payments. Do not include a Column B is filled in. | payments from a spouse if | \$ | \$ | |
| 4. All amounts from any source which are regularly paints of you or your dependents, including child support. It from an unmarried partner, members of your household, and roommates. Include regular contributions from a specifiled in. Do not include payments you listed on line 3. | Include regular contributions your dependents, parents, | \$0.00 | \$ | |
| 5. Net income from operating a business, profession, o | | | | |
| | Debtor 1 | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | 0.00 | | |
| Net monthly income from a business, profession, or farm | 0.00 Copy here -> | \$ 0.00 | \$ | |
| 6. Net income from rental and other real property | Debtor 1 | | | |
| One are assisted that are all the times | \$ 0.00 | | | |
| Gross receipts (before all deductions) | \$\frac{0.00}{0.00} | | | |
| Ordinary and necessary operating expenses | φ 0.00 Copy here -> | \$ 0.00 | \$ | |

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

0.00

page 1

Best Case Bankruptcy

7. Interest, dividends, and royalties

| | | | | Column A Debtor 1 | | Column E Debtor 2 non-filing | or | |
|------|---|---|---|-------------------|-------------|------------------------------|-------------|-----------------|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | | |
| | Do not enter the amount if you contend that the amoun the Social Security Act. Instead, list it here: | t received was a benefi | t under | | | | | |
| | For you\$ | 0.0 | 00 | | | | | |
| | For your spouse \$ | | | | | | | |
| 9. | Pension or retirement income. Do not include any and benefit under the Social Security Act. Also, except as a not include any compensation, pension, pay, annuity, of United States Government in connection with a disability disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chap | stated in the next senter or allowance paid by the ty, combat-related injur- ces. If you received any pay only to the extent the u would otherwise be er | nce, do e y or retired nat it | \$ | 0.00 | \$ | | |
| 10. | Income from all other sources not listed above. Specific Do not include any benefits received under the Social Specieved as a victim of a war crime, a crime against hur domestic terrorism; or compensation, pension, pay, an United States Government in connection with a disability, or death of a member of the uniformed service. | Security Act; payments manity, or international nuity, or allowance paid ty, combat-related injury | or by the y or | | | | | |
| | sources on a separate page and put the total below. | | | \$ | 0.00 | \$ | | |
| | • | | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | | | \$ | 0.00 | \$ | | |
| | | 0.11 1.404 | | | 7 [| | $\neg \neg$ | |
| 11. | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column A | | \$ | 4,382.16 | + | | = \$ | 4,382.16 |
| | | | | | | | Total | current monthly |
| Part | 2: Determine Whether the Means Test Applies t | o You | | | | | | |
| 12. | Calculate your current monthly income for the year | . Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line | 11 | | Сору | y line 11 l | nere=> | \$ | 4,382.16 |
| | Multiply by 12 (the number of months in a year) | | | | | | X | 12 |
| | 12b. The result is your annual income for this part of th | e form | | | | 12 | | 52,585.92 |
| 13. | Calculate the median family income that applies to | you. Follow these steps | s: | | | | | |
| | Fill in the state in which you live. | ОН | | | | | | |
| | , | | | | | | | |
| | Fill in the number of people in your household. | 3 | | | | | | |
| | Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | online using the link sp | ecified | in the separa | ate instruc | 13 tions | 3. \$ | 76,260.00 |
| 14. | How do the lines compare? | | | | | | | |
| | Line 12b is less than or equal to line 13. CGo to Part 3. Do NOT fill out or file Official | | eck box | : 1, There is i | no presum | ption of abo | use. | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2. | of page 1, check box 2, | The pro | esumption of | abuse is | determined | by Form 1 | 22A-2. |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information on | this sta | atement and | in any atta | achments is | true and c | orrect. |
| | X /s/ Tanisha T Sneed | | | | | | | |
| | Tanisha T Sneed | | | | | | | |
| | Signature of Debtor 1 | | | | | | | |
| O.C | Date March 23, 2020 | | 4 NF- | | _ | | | |

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

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Best Case Bankruptcy

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| Debtor 1 | Tanisha T Sneed | Case number (if known) |
|----------|-----------------|------------------------|
|----------|-----------------|------------------------|

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 09/01/2019 to 02/29/2020.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Almost Family

Year-to-Date Income:

Last Year:

Debtor 1

Starting Year-to-Date Income: \$\frac{\\$21,700.00}{\$\$ from check dated \$\frac{\\$8/31/2019}{\$\$ 12/31/2019}\$.

Ending Year-to-Date Income: \$\frac{\\$32,649.00}{\$\$ from check dated \$\frac{12/31/2019}{\$\$}\$.

This Year:

Current Year-to-Date Income: \$1,491.00 from check dated 2/29/2020 .

Income for six-month period (Current+(Ending-Starting)): \$12,440.00 .

Average Monthly Income: **\$2,073.33**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Complete Healthcare

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\frac{\$20,620.00}{\$30,944.00}\$ from check dated \$\frac{8/31/2019}{12/31/2019}\$.

This Year:

Current Year-to-Date Income: \$3,529.00 from check dated 2/29/2020

Income for six-month period (Current+(Ending-Starting)): \$_\$13,853.00 \.

Average Monthly Income: \$2,308.83.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| | Chapter 7: | Liquidation |
|---|------------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| : | + \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

| In re | Tanisha T Sneed | | Case No | | |
|-----------|--|---|--|------------------|-------------------------|
| | | Debtor(s) | Chapter | _7 | |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | RNEY FOR I | DEBTOR(S | S) |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(becompensation paid to me within one year before the filing per rendered on behalf of the debtor(s) in contemplation of | of the petition in bankruptc | y, or agreed to be pa | id to me, for se | |
| | For legal services, I have agreed to accept | | \$ | 795.0 | 00 |
| | Prior to the filing of this statement I have received | | \$ | 795.0 | 00 |
| | Balance Due | | \$ | 0.0 | 00 |
| 2. ′ | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. ′ | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compen | sation with any other perso | n unless they are me | mbers and asso | ociates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensati copy of the agreement, together with a list of the name | | | | s of my law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to reno | der legal service for all aspe | cts of the bankruptc | y case, includir | ng: |
| 1 | Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, staten Representation of the debtor at the meeting of creditors [Other provisions as needed] | nent of affairs and plan which and confirmation hearing, | ch may be required; and any adjourned h | earings thereof | f; |
| | Negotiations with secured creditors to rec reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on hous | s as needed; preparatio | | | |
| 5. | By agreement with the debtor(s), the above-disclosed fee of Representation of the debtors in any discrete any other adversary proceeding. | | | nces, relief fr | om stay actions or |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of any a ankruptcy proceeding. | agreement or arrangement for | or payment to me fo | r representation | n of the debtor(s) in |
| N | arch 23, 2020 | /s/ Edward S La | ke | | |
| D | ate | Edward S Lake | | | |
| | | Signature of Attorn Lake Legal Serv | | | |
| | | 4450 Belden Vil | lage Street NW | | |
| | | Suite 804 Canton, OH 447 | 18 | | |
| | | (330) 605-3508 | Fax: (330) 493-93 | 16 | |
| | | | ruptcyrelief.com | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Ohio

| In re | Tanisha T Sneed | | Case No. | |
|--------|---------------------------------|--|---|-----|
| | | Debtor(s) | Chapter 7 | |
| | VE | RIFICATION OF CREDITOR | MATRIX | |
| The ab | ove-named Debtor hereby verific | es that the attached list of creditors is true and | correct to the best of his/her knowledg | ge. |
| Date: | March 23, 2020 | /s/ Tanisha T Sneed | | |
| | | Tanisha T Sneed Signature of Debtor | | |

Affiliated Acceptance Corporation P.O. Box 790001 Sunrise Beach, MO 65079-9001

AGMC House Providers 13370 Prospect Road Suite 2C Strongsville, OH 44149

Akron Children's Hospital P.O. Box 1757 Akron, OH 44309-1757

Akron Children's Hospital One Perkins Square Akron, OH 44308-1062

Akron General Hospital 1 Akron General Avenue Akron, OH 44307

Akron Municipal Court 217 South High Street Room 837 Akron, OH 44308

American Profit Recovery 34505 W. 12 Mile Road Suite 333 Farmington, MI 48331

Artemis Distribution 148 W. 28th Street New York, NY 10001

Asset Recovery Solutions, LLC 2200 E. Devon Street Suite 200 Des Plaines, IL 60018

Bag Borrow or Steal 2114 Eagle Drive Middleton, WI 53562 Capital One Bank P.O. Box 30285 Salt Lake City, UT 84130

Capital Premium Financing 12235 S. 800 E Draper, UT 84020

Capital Premium Financing 660232
Dallas, TX 75266-0232

Casellas Orthodontics 1251 Main Street Suite C Cuyahoga Falls, OH 44221

CBCS P.O. Box 163279 Columbus, OH 43216-3279

Chase 340 S. Cleveland Ave. Bldg. 370 Westerville, OH 43081

City of Akron 166 South High Street Suite 505 Akron, OH 44308

City of Akron 146 South High Street P.O. Box 3565 Akron, OH 44398

Client Services, Inc. 3451 Harry S Truman Blvd. Saint Charles, MO 63301

Cloud Willis & Ellis, LLC 3928 Montclair Road Suite 227 Birmingham, AL 35213-2435

Comenity Bank
Bankruptcy Department
P.O. Box 182125
Columbus, OH 43218-2125

Continental Finance Co. 4550 New Linden Hill Road Suite 400 Wilmington, DE 19808

Credit Collection Services 725 Canton Street Norwood, MA 02062

DFS/Buckeye Credit Solutions 6785 Bobcat Way Suite 200 Dublin, OH 43016

Diversified Adjustment Service, Inc P.O. Box 32145 Minneapolis, MN 55432

Dominion East Ohio P.O. Box 26785 Richmond, VA 23261-6785

Eagle Loan Co. of Ohio 1889 West Market Street Akron, OH 44313

FIG OH18, LLC P.O. Box 54226 New Orleans, LA 70154-4226

First Premier Bank 3820 N. Louise Avenue Sioux Falls, SD 57107

Firstcredit, Inc. P.O. Box 630838 Cincinnati, OH 45263 Ford Motor Credit P.O. Box 542000 Omaha, NE 68154

Genesis FS Card Services P.O. Box 4480 Beaverton, OR 97076-4480

Gerner & Kearns, PLLC 8291 Beechmont Avenue Cincinnati, OH 45255

IC Systems
P.O. Box 64378
Saint Paul, MN 55164

IC Systems
P.O. Box 64437
Saint Paul, MN 55164

Internal Revenue Service Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346

Jefferson Capital Systems 16 McLeland Road Saint Cloud, MN 56303

Kay Jewelers 15220 Greenbrier St NW Beaverton, OR 97006

Lee Petersen P.O. Box 13118 Fairlawn, OH 44334

LVNV Funding P.O. Box 10497 Greenville, SC 29603

N2 Publishing 5051 New Centre Dr. Wilmington, NC 28403 Nordstrom Card Services P.O. Box 6566 Englewood, CO 80155-6566

Ohio Edison P.O. Box 3687 Akron, OH 44309

Premier Bankcard 601 S. Minnesota Ave. Sioux Falls, SD 57104

Progressive Leasing 256 Data Drive Draper, UT 84020

Receivables Outsourcing P.O. Box 549 Lutherville Timonium, MD 21094

Regional Acceptance Corp. 1424 East Fire Tower Rd. Greenville, NC 27858

Sentry Credit, Inc. 2809 Grand Avenue Everett, WA 98201

Source Receivables Management 4615 Dundas Dr. #102
Greensboro, NC 27407

Stark State College 6200 Frank Avenue NW North Canton, OH 44720

Stewardship Property Solutions 641 Lincoln Way Massillon, OH 44646

Summit Tax Partners 6333 Apples Way Suite Lincoln, NE 68512

Synchrony Bank Attn: Bankruptcy Department P.O. Box 965060 Orlando, FL 32896-5060

Tate & Kirlin Associates, Inc. 580 Middletown Blvd. Suite 240 Langhorne, PA 19047

TD Bank USA 13531 E. Caley Avenue Englewood, CO 80111

Team Recovery P.O. Box 1643 Stow, OH 44224

Total Card, Inc. 2700 S. Lorraine Pl. Sioux Falls, SD 57106

Transworld Systems, Inc. 500 Virginia Drive Suite 514 Fort Washington, PA 19034

UCB Intelligent Solutions P.O. Box 89471 Cleveland, OH 44144

University of Akron P.O. Box 2260 Akron, OH 44309

Village of Linndale Citations Processing Center P.O. Box 7200 Beverly, MA 01915

Wells Fargo Card Services P.O. Box 14517 Des Moines, IA 50306